



Application Data Sheet

Application Information

Application number:: 10/533,928
Filing Date:: July 29, 2005
Application Type:: Regular
CD-ROM or CD-R?: No
Number of CD Disks:: None
Number of copies of CDs:: None
Sequence submission?: No
Computer Readable Form
(CRF)?:: No
Number of copies of CRF:: None
Title:: MASK AND COMPONENTS
THEREOF
Attorney Docket Number:: PTB-4398-427
Request for Early Publication?: No
Request for Non-Publication?: No
Suggested Drawing Figure:: 1
Total Drawing Sheets:: 90
Small Entity?: No
Petition included?: No
Petition Type:: None
Licensed US Govt. Agency:: No
Contract or Grant Numbers:: None

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Australia
Status:: Full Capacity
Given Name:: Michael
Middle Name::

Family Name::	BERTHON-JONES
Name Suffix::	
City of Residence::	Leonay
State or Province of Residence::	New South Wales
Country of Residence::	Australia
Street of mailing address::	c/o ResMed Limited, 1 Elizabeth Macarthur Drive
City of mailing address::	Bella Vista
State or Province of mailing address::	New South Wales
Country of mailing address::	Australia
Postal or Zip Code of mailing address::	2153
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Australia
Status::	Full Capacity
Given Name::	Peter
Middle Name::	Edward
Family Name::	BATEMAN
Name Suffix::	
City of Residence::	Cherrybrook
State or Province of Residence::	New South Wales
Country of Residence::	Australia
Street of mailing address::	c/o ResMed Limited, 1 Elizabeth Macarthur Drive
City of mailing address::	Bella Vista
State or Province of mailing address::	New South Wales
Country of mailing address::	Australia
Postal or Zip Code of mailing address::	2153
Applicant Authority Type::	Inventor
Primary Citizenship Country::	United Kingdom
Status::	Full Capacity
Given Name::	Donald
Middle Name::	
Family Name::	DARKIN

Name Suffix::	
City of Residence::	Dural
State or Province of Residence::	New South Wales
Country of Residence::	Australia
Street of mailing address::	c/o ResMed Limited, 1 Elizabeth Macarthur Drive
City of mailing address::	Bella Vista
State or Province of mailing address::	New South Wales
Country of mailing address::	Australia
Postal or Zip Code of mailing address::	2153
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Australia
Status::	Full Capacity
Given Name::	Robin
Middle Name::	Garth
Family Name::	HITCHCOCK
Name Suffix::	
City of Residence::	Carlingford
State or Province of Residence::	New South Wales
Country of Residence::	Australia
Street of mailing address::	c/o ResMed Limited, 1 Elizabeth Macarthur Drive
City of mailing address::	Bella Vista
State or Province of mailing address::	New South Wales
Country of mailing address::	Australia
Postal or Zip Code of mailing address::	2153
Applicant Authority Type::	Inventor
Primary Citizenship Country::	United Kingdom
Status::	Full Capacity
Given Name::	Philip
Middle Name::	James
Family Name::	JENKINSON
Name Suffix::	

City of Residence::	Chittaway Point
State or Province of Residence::	New South Wales
Country of Residence::	Australia
Street of mailing address::	187 Geoffrey Road
City of mailing address::	Chittaway Point
State or Province of mailing address::	New South Wales
Country of mailing address::	Australia
Postal or Zip Code of mailing address::	2261
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Australia
Status::	Full Capacity
Given Name::	Susan
Middle Name::	Robyn
Family Name::	LYNCH
Name Suffix::	
City of Residence::	Epping
State or Province of Residence::	New South Wales
Country of Residence::	Australia
Street of mailing address::	c/o ResMed Limited, 1 Elizabeth Macarthur Drive
City of mailing address::	Bella Vista
State or Province of mailing address::	New South Wales
Country of mailing address::	Australia
Postal or Zip Code of mailing address::	2153
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Australia
Status::	Full Capacity
Given Name::	Gordon
Middle Name::	Joseph
Family Name::	MALOUF
Name Suffix::	
City of Residence::	Gymea Bay

State or Province of Residence::	New South Wales
Country of Residence::	Australia
Street of mailing address::	c/o ResMed Limited, 1 Elizabeth Macarthur Drive
City of mailing address::	Bella Vista
State or Province of mailing address::	New South Wales
Country of mailing address::	Australia
Postal or Zip Code of mailing address::	2153
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Australia
Status::	Full Capacity
Given Name::	Patrick
Middle Name::	John
Family Name::	McAULIFFE
Name Suffix::	
City of Residence::	Chatswood
State or Province of Residence::	New South Wales
Country of Residence::	Australia
Street of mailing address::	c/o ResMed Limited, 1 Elizabeth Macarthur Drive
City of mailing address::	Bella Vista
State or Province of mailing address::	New South Wales
Country of mailing address::	Australia
Postal or Zip Code of mailing address::	2153
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Australia
Status::	Full Capacity
Given Name::	Milind
Middle Name::	Chandrakant
Family Name::	RAJE
Name Suffix::	
City of Residence::	Wentworthville
State or Province of Residence::	New South Wales

Country of Residence::	Australia
Street of mailing address::	c/o ResMed Limited, 1 Elizabeth Macarthur Drive
City of mailing address::	Bella Vista
State or Province of mailing address::	New South Wales
Country of mailing address::	Australia
Postal or Zip Code of mailing address::	2153
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Joint Australia and United Kingdom
Status::	Full Capacity
Given Name::	Gary
Middle Name::	Christopher
Family Name::	ROBINSON
Name Suffix::	
City of Residence::	East Killara
State or Province of Residence::	New South Wales
Country of Residence::	Australia
Street of mailing address::	c/o ResMed Limited, 1 Elizabeth Macarthur Drive
City of mailing address::	Bella Vista
State or Province of mailing address::	New South Wales
Country of mailing address::	Australia
Postal or Zip Code of mailing address::	2153
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Australia
Status::	Full Capacity
Given Name::	Richard
Middle Name::	
Family Name::	SOKOLOV
Name Suffix::	
City of Residence::	Earlwood
State or Province of Residence::	New South Wales
Country of Residence::	Australia

Street of mailing address::	4 Bardwell Crescent
City of mailing address::	Earlwood
State or Province of mailing address::	New South Wales
Country of mailing address::	Australia
Postal or Zip Code of mailing address::	2206
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Australia
Status::	Full Capacity
Given Name::	Philip
Middle Name::	Thomas
Family Name::	STALLARD
Name Suffix::	
City of Residence::	Denistone East
State or Province of Residence::	New South Wales
Country of Residence::	Australia
Street of mailing address::	2 Kings Road
City of mailing address::	Denistone East
State or Province of mailing address::	New South Wales
Country of mailing address::	Australia
Postal or Zip Code of mailing address::	2112
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Australia
Status::	Full Capacity
Given Name::	Michael
Middle Name::	Kassipillai
Family Name::	GUNARATNAM
Name Suffix::	
City of Residence::	Marsfield
State or Province of Residence::	New South Wales
Country of Residence::	Australia
Street of mailing address::	c/o ResMed Limited, 1 Elizabeth Macarthur Drive

City of mailing address:: Bella Vista
State or Province of mailing address:: New South Wales
Country of mailing address:: Australia
Postal or Zip Code of mailing address:: 2153

Correspondence Information

Correspondence Customer Number:: 23117

Representative Information

Representative Customer Number:: 23117

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Claims the benefit	60/424,005	11/06/2002
	under 35 U.S.C.	60/447,327	02/14/2003
	§ 119(e) of	60/488,752	07/22/2003
		60/503,896	09/22/2003

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
		DAY/MONTH/YEAR	
WIPO	PCT/AU2003/001471	6 November 2003	Yes

Assignee Information

Assignee Name:: ResMed Limited
Street of mailing address:: 1 Elizabeth Macarthur Drive
City of mailing address: Bella Vista
State or Province of mailing address:: New South Wales
Country of mailing address:: Australia
Postal or Zip Code of mailing Address:: 2153